## PITCAIRN BUSINESS REGISTRATION www.monroeville.pa.us

Account	#	

The taxes levied by Pitcairn Ordinance require anyone engaged in any business activity to register with Pitcairn Borough the following information: (type or print neatly)

Business Name		_ Local # (412)
Name of Owner		Fax # (412)
Business Address	in Pitcairn	
	entity (Check ( $$ ) applicable capartnership Corp O	
Federal Tax Ident	ification Number:	
DATE BUSINESS OPE	NED IN PITCAIRN (MONTH/DAY/YEA	AR)
Description of Act	tivity	
Mercantile tax for	rm mailing address:	
Attention:	Phone #	Fax #
Email address:		
(Complete only i	x form mailing address: f mailing address is different f	_
Attention:	Phone #	Fax #
Number of Employee	es at Pitcairn Location	
	rity Number, & Residence Address: (attach list if necessary)	ss of Individual Owners, Partners,
Name	ss #	Title
Address		
Name	ss #	Title
Address		
	I hereby certify that the inforeste to the best of my knowledge.	rmation contained herein is true,
Signature:	Title:	Date:/
2	Business Tax Office 2700 Monroeville Blvd. Monroeville, PA 15146-2388	
NOTE: TO ENSURE	to: Email:montax@monroeville.pa.us Fax 41: PROPER FILING OF RETURNS, ANY CHAN TO THE BUSINESS TAX OFFICE IMMEDIAT	NGES IN THE INFORMATION GIVEN HEREIN
	ITE IN TAX YEARS / DATE MAILED / AN	